

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q2 CY 2014

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

Substance Abuse Agency Model (SAAM)

Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 2 2014	
				Providers Enrolled	
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name		
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1	
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1	
		Clark	100535029 COMMUNITY COUNSELING CENTER	1	
			100535030 HELP OF SOUTHERN NEVADA	1	
			100535031 HELP OF SOUTHERN NEVADA	1	
			100535035 VITALITY UNLIMITED	1	
			100535042 LAS VEGAS INDIAN CENTER INC	1	
			100535044 BRIDGE COUNSELING ASSOCIATES	1	
			100535047 WESTCARE NEVADA INC	1	
			100535050 WESTCARE NEVADA INC	1	
			100535052 WESTCARE NEVADA INC	1	
			100537954 SOLUTIONS RECOVERY INC	1	
			Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
			Provider County	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1	
		Lyon	100535032 RURAL NEVADA COUNSELING	1	
		Nye	100535049 WESTCARE NEVADA INC	1	
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1	
			100535034 VITALITY UNLIMITED	1	
			100535038 QUEST COUNSELING AND CONSULTING	1	
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1	
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1	
			100535043 RIDGE HOUSE INC	1	
			100535046 STEP 2 INC	1	
			100535048 WESTCARE NEVADA INC	1	
			100535452 STEP 1 INC	1	
			Total	26	

Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 2 2014
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535049 WESTCARE NEVADA INC	1
		100535050 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		Total	15

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 2 2014			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	4,058	77.37%	1,187	22.63%

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Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 2 2014
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	196
		Recipient Not on File	182
		Service Center Not Authorized	178
		Duplicate of History File Reco	174
		Duplicate Payment Request - Sa	114
		BILL ANY OTHER AVAILABLE INSUR	97
		ENROLLED IN HMO	58
		NUMBER OF PROCEDURES EXCEEDS N	53
		Unknown Edit Err1 4720	38
		Recipient Not Eligible on DOS	31
		ALLOWED AMOUNT > THRESHOLD	23
		Unknown Edit Err1 4721	11
		INVALID PROCEDURE/MODIFIER COM	7
		QMB ONLY RECIPIENT - BILL MEDI	5
		CURR PROC. DUPL TO CURR(MAX AL	4
		INVALID DIAGNOSIS CODE	4
		Invalid or Missing Recipient I	3
		Same Procedure Same Day Diff	3
		CLM DOC HAS TPL & > THAN 1	2
		Rendering Provider Not Certifi	2
		MEDICARE REMITTANCE (EOMB) NOT	1
		PAYMENT REDUCED TO UNITS AUTHO	1
		Total	1,187

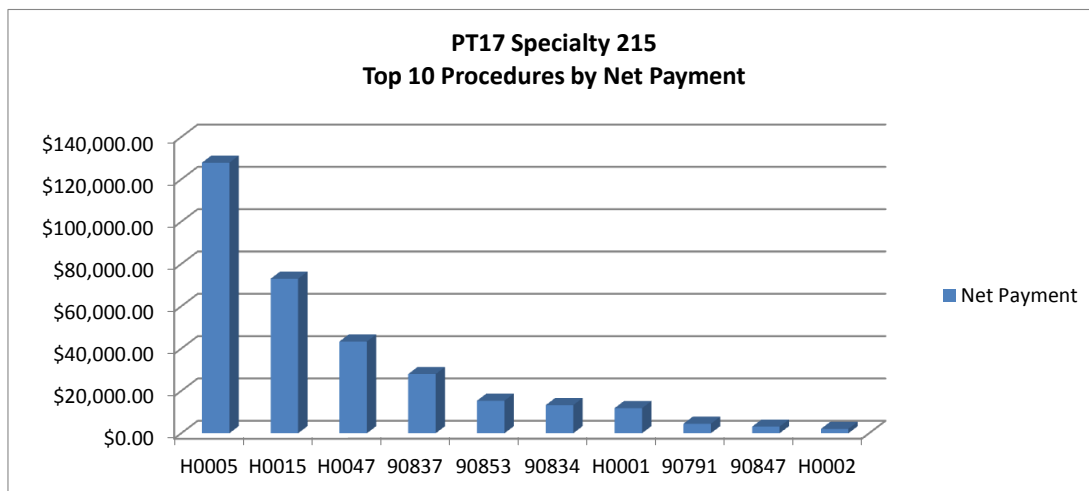
Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes.

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Substance Abuse Agency Model (SAAM)

Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 2 2014		
				Patients	Service	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure	Count	Paid	
017	215	H0005	Alcohol &/or Drug Services	206	4,283	\$127,846.65
		H0015	Alcohol &/or Drug Services	34	520	\$73,034.00
		H0047	Alcohol/Drug Abuse Svc NOS	196	751	\$43,364.85
		90837	Psytx Pt&/Family 60 Minutes	56	269	\$27,973.63
		90853	Group Psychotherapy	43	530	\$15,382.40
		90834	Psytx Pt&/Family 45 Minutes	41	191	\$13,296.92
		H0001	Alcohol &/or Drug Assess	85	85	\$11,854.10
		90791	Psych Diagnostic Evaluation	32	32	\$4,462.72
		90847	Family Psytx w Patient	10	32	\$3,131.20
		H0002	Alcohol &/or Drug Screenin	67	67	\$2,060.67
		90839	Psytx Crisis Initial 60 Min	6	11	\$1,238.05
		H0049	Alcohol/Drug Screening	100	101	\$984.71
		H0038	Self-Help/Peer Svc Per 15min	4	168	\$895.44
		90833	Psytx Pt&/Fam w E&M 30 Min	10	15	\$570.90
		99213	Office/Outpatient Visit Est	8	10	\$440.00
		90792	Psych Diag Eval w Med Srvcs	3	3	\$341.28
		H0007	Alcohol &/or Drug Services	5	5	\$108.55
		99409	Audit/Dast Over 30 Min	1	1	\$60.62
		90840	Psytx Crisis Ea Addl 30 Min	1	1	\$56.27
		H0034	Med Trng & Support Per 15min	1	3	\$50.94
		90785	Psytx Complex Interactive	1	1	\$4.40
		Total		910	7,079	\$327,158.30



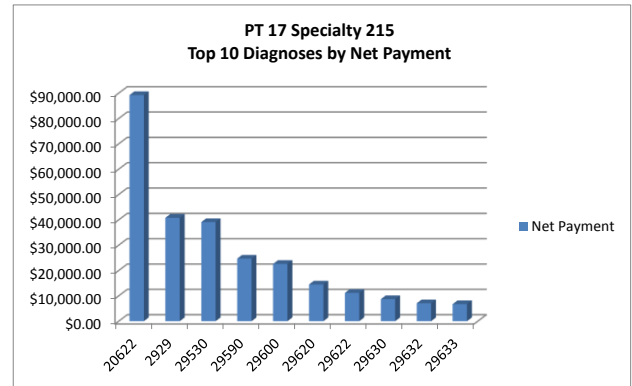
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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**Substance Abuse Agency Model (SAAM)
Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 2 2014		
				Patients	Service Count Paid	Net Payment
Provider Type	Provider Specialty	Diagnosis Code	Diagnosis Principal			
Claim NV Code	Claim NV Code	Principal				
017	215	20622	Amphetamin Depend-Unspec	138	1,632	\$89,231.37
		2929	Depressive Psychosis-Mod	8	1,332	\$40,815.15
		29530	Alcoh Dep NEC/NOS-Unspec	84	747	\$39,117.52
		29590	Cannabis Depend-Unspec	36	530	\$24,701.82
		29600	Opioid Dependence-Unspec	45	385	\$22,612.52
		29620	Alcohol Abuse-Unspec	39	359	\$14,503.73
		29622	Recur Depr Psych-Severe	6	318	\$11,167.19
		29630	Generalized Anxiety Dis	5	207	\$8,700.75
		29632	Recurr Depr Psychos-Mod	4	156	\$7,074.87
		29633	Posttraumatic Stress Dis	15	82	\$6,745.15
		29636	Dysthymic Disorder	6	136	\$5,577.34
		29640	SBac Mono Leu in Relapse	1	180	\$5,373.00
		29650	Intermitt Explosive Dis	1	138	\$4,119.30
		29652	Cannabis Abuse-Unspec	21	71	\$3,986.98
		29653	Comb Drug Dep NEC-Unspec	4	91	\$3,781.30
		29654	Ac Alcohol Intox-Unspec	2	122	\$3,731.21
		29680	Bipolar Disorder NOS	5	41	\$3,265.94
		29689	Recurr Depr Psychos-Unsp	6	65	\$2,959.15
		30002	Paranoid Schizo-Unspec	2	19	\$2,668.55
		30021	Opposition Defiant Disor	4	67	\$2,525.59
		3003	Drug Mental Disorder NOS	1	84	\$2,507.40
		3004	Schizophrenia NOS-Unspec	1	16	\$2,247.20
		30300	Opioid Abuse-Unspec	4	38	\$2,216.81
		30303	Depressive Disorder NEC	3	19	\$2,040.09
		30390	Hyperkinetic Synd NOS	2	34	\$1,456.52
		30400	Bipol I Single Manic NOS	2	17	\$1,404.93
		30410	Bipol I Currnt Dep w Psy	1	9	\$1,264.05
		30420	Sed,Hyp,Anxiolyt Dep-NOS	1	11	\$1,189.65
		30430	Cocaine Depend-Unspec	5	14	\$1,109.36
		30440	Adjust Dis w Anxiety/Dep	3	18	\$1,037.81
		30441	Obsessive-Compulsive Dis	1	8	\$865.20
		30460	Bipol I Cur Depres NOS	2	12	\$821.02
		30480	Amphetamin Depend-Contin	1	15	\$780.80
		30500	Amphetamine Abuse-Unspec	13	27	\$696.74
		30520	Adj Dis-Emotion/Conduct	3	5	\$634.68
		30550	Bipolar Disorder NEC	1	16	\$588.37
		30551	Adjustment Reaction NOS	2	4	\$463.91
		30570	Ac Alcohol Intox-Remiss	1	9	\$408.30
		3083	Observ-Mental Cond NEC	3	5	\$380.02
		30923	Academic/Work Inhibition	1	3	\$324.45
		30924	Emotional Dis Child NEC	1	3	\$324.45
		30928	Agoraphobia w Panic Dis	1	4	\$285.89
		3093	Recur Depr Psyc-Full Rem	1	6	\$267.24
		3094	Adjustment Dis w Anxiety	2	4	\$257.86
		30981	Unkn Cause Morb/Mort NEC	5	7	\$151.41
		3099	Adjust Disor/Dis Conduct	1	2	\$143.86
		311	Impulse Control Dis NOS	1	1	\$139.46
		31230	Acute Stress React NEC	1	1	\$112.55
		31234	Bipol I Currnt Manic NOS	1	1	\$108.15
		31381	Bipol I Cur Depress-Mod	1	1	\$108.15
		31389	Bipol I Curr Dep wo Psy	1	4	\$65.24
		3149	Drug Depend NEC-Unspec	1	1	\$57.78
		7999	Depress Psychosis-Unspec	1	1	\$30.77
		V7109	Opioid Abuse-Continuous	1	1	\$9.75
		Total		502	7,079	\$327,158.30



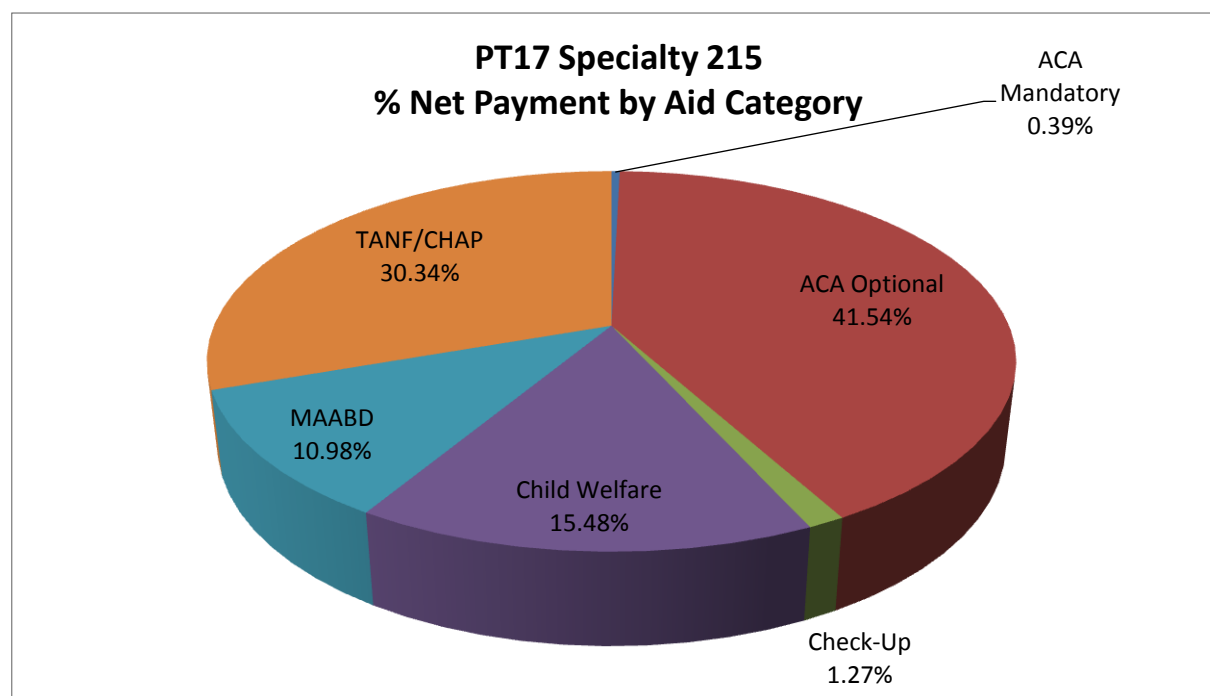
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Time Period: Incurred With Runoff Quarter			QTR 2 2014		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	4	28	\$1,279.71
		ACA Optional	238	2,857	\$135,907.75
		Check-Up	4	132	\$4,148.07
		Child Welfare	29	1,474	\$50,632.79
		MAABD	58	792	\$35,934.17
		TANF/CHAP	150	1,796	\$99,255.81
		Total	483	7,079	\$327,158.30



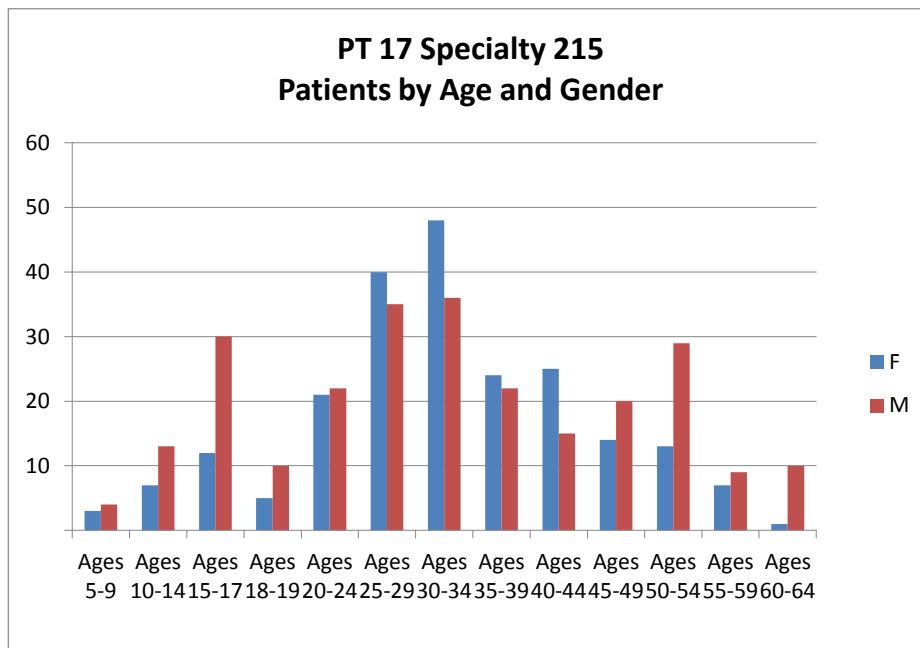
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Time Period: Incurred With Runoff Quarter			QTR 2 2014	
			Patients	
			F	M
Gender Code				
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	3	4
		Ages 10-14	7	13
		Ages 15-17	12	30
		Ages 18-19	5	10
		Ages 20-24	21	22
		Ages 25-29	40	35
		Ages 30-34	48	36
		Ages 35-39	24	22
		Ages 40-44	25	15
		Ages 45-49	14	20
		Ages 50-54	13	29
		Ages 55-59	7	9
		Ages 60-64	1	10
		Total	220	255



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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